

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DA	10385	
O.I.P.E. CLASSIFIER	W	45	8/1
FORMALITY REVIEW	ZZ	811	9/1/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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3	V	V	
4	V	V	
5	V	V	
6	V	O	
7	O	O	
8	O	O	
9	V	V	
10	V	V	
11	V	V	
12	O	O	
13	O	O	
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If more than 150 claims or 10 actions  
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